

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 149  
Registered No. 219

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 408 Skyline Trail St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Vasquez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY In event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 7 - 1929  
Month Day Year

**8. FATHER**  
Full name Jesus Vasquez  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Zacatecas  
(State or country) Mex  
13. Occupation  
Nature of Industry Miner  
20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

**14. MOTHER**  
Full maiden name Maria de Jesus Delgadillo  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Zacatecas  
(State or country) Mex.  
19. Occupation  
Nature of Industry Housewife  
21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 10 A. m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_

Filed May 15, 1929 C. E. Davis  
Registrar

Registrar

159-507-446

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.